
I have a recurrent dream of being outside a house and looking in. Sometimes this seems to be how the waking hours pass too. When I listen to members of the present government, the Royal College top brass or people on television talking about general practice, I find myself thinking, “well, alright, but that's not it”. It's as if what we are doing as GPs can only be expressed by a shadow thrown on a wall, a caricature or an account of deficiencies. The real essence, excitement, distress or creative craziness of what people value in primary care gets lost. But then I thought that at Medical School, back in the late 1960s when all students were revolting (what's new?), it was there that I caught a chronic case of Medical Ethics. This approach, by asking questions about values and meaning, somehow supplied some extra dimensions. And then it was developed as a real subject and is now taught in its own right. But . . . you've guessed it. I'm still on the outside looking in. Here too there's still something missing. And I'm teaching it!

So I picked up this book with high expectations. It gathers together a group of behavioural scientists (mostly anthropologists—my heroes) interested in cross-cultural perspectives. They look at how we should question some of the assumptions that are made about how best to care for patients, against the background we know all too well in the health service today: of technological change, underfunding, inter- and intra-professional struggles, conflicts of aims, and so on. It sounds good: no philosophers, no doctors, no lawyers. Lots of questions—fewer answers. And then it was developed as a real subject and is now taught in its own right. But . . . you've guessed it. I’m still on the outside looking in. Here too there’s still something missing. And I’m teaching it!

ROGER HIGGS
Professor of General Practice and Deputy Head of the Division of Primary Care and Public Health Sciences, Guy’s, King’s and St Thomas’ School of Medicine, London


My reaction to this book went through three phases: first disappointment, then satirical derision and finally grudging respect. First, the disappointment. The title led me to expect that the authors (two experienced American clinical psychologists) would be recommending their clients to read books by Tolstoy or Dickens or Jane Austen; they would return the following week feeling transformed and uplifted by ‘Great Literature’ and have an enjoyable literary discussion with their therapist. Instead I found that the book is simply a directory of over 300 self-help books covering a wide range of human
problems, including the sexual, the emotional, the addictive, the financial and the spiritual. Each book is summarized in a paragraph or ‘Book Byte’. Then we are given three categories of ‘Suggested Readers’ and five ‘Therapeutic Insights’ that each book has to offer. An example of a therapeutic insight might be: “Every woman has a mother story” or “There is no time limit to grieving” or “The first step in living a healthy lifestyle is to like oneself”. My derision was provoked by the American-style titles such as ‘Forgive Your Parents, Heal Yourself’, ‘I wish Dad didn’t drink So Much’ and ‘So, You Want to Be A Lesbian’. Reading the index of these titles can be quite mesmerizing. I began devising alternative self-help titles for literary classics: Madame Bovary would become ‘Okay, He’s Boring: How to Make Do with the Husband You Married’; Wuthering Heights could be ‘Step-Siblings Who Love Too Much’; and War and Peace might be: ‘Men are from Moscow, Women are from St Petersburg’.

I had a lot of fun with that game. Then I began to read some of the summaries of the real self-help books. It occurred to me that some of them might actually be quite useful to recommend to my troubled patients. It must be true that reading a book that addresses itself so precisely to your predicament—and may even have been written by a fellow sufferer—is likely to be helpful. It might do me no great harm to read some of them myself. In fact, I must confess that I have read some of them. So the book will take its place on my consulting room shelves and will stay within easy reach.

JOHN SALINSKY
GP in Wembley

Reflective practice: writing and professional development.

A few years ago, Gillie Bolton came to my department to run one of her legendary reflective writing workshops. She issued jotters and pencils and exhorted us to write for exactly six minutes about anything that came into our heads. We sat at tables, on the floor and even in the corridor and wrote till our wrists ached. I started with a shopping list and then tried to plan the week’s hectic schedule. I also wrote, “Nice to sort things out in my head; should do this more often”. When the six minutes were up, we reconvened, grinning conspiratorially as if we’d all been sharing a naughty secret. How did it feel? Fun, creative, indulgent, safe, worthwhile. Now, back to the jotters and this time, write for 20 minutes, this time with a view to sharing within the group.

One of our group had recalled a childhood incident at a traditional Indian wedding, when she had dared to climb trees and jump in the mud in her beautiful white silk outfit. Years later, the thrill of breaking out of a traditional stereotype and the pain of being publicly admonished both remained with her. So did the feeling that the former was generally worth the latter. As she read her story, we all laughed and ‘lived through’ the childhood adventure and then listened, fascinated, as she drew parallels with subsequent tribulations to do with gender, ethnicity, and personal and professional development. In the short time allocated for the presentation and feedback, we had come to know, understand and respect our colleague a little better.

Gillie has been running similar workshops with both professional and patient groups for many years. Professionals, I learnt from the book, write about roles and relationships, about frustrated expectations and missed opportunities, about difficult colleagues, about their tiredness and lack of fulfillment, about suffering and death and (surprisingly often, it seemed to me) about the childhood experiences that have made them the people they are.

This book is partly a guide to the pedagogical foundations of group learning and reflective writing (soundly presented and faultlessly referenced—Gillie is married to a professor of higher education) and partly a patchwork quilt of stories about the different groups that she has worked with. It is liberally peppered with fragments of authentic writing from doctors, nurses, care workers and administrative staff, variously expressed as simple prose, poetry, science fiction and even fairy tales.

This excellent book is one to leave in the living room to pick up and dip into when you return, hungry for emotional refreshment, from a day at the office or clinic. And when you feel ready, use it as a guide for setting up a group of your own.

TRISHA GREENHALGH
Professor of Primary Health Care and Director, Open Learning Unit, Primary Care and Population Sciences, University College London

Practice-based teaching: a guide for general practitioners.

Richard Hays’ book is a gem. As medical schools develop more primary care-based curricula, GPs face increasing pressures to teach undergraduates. Many GPs need to balance undergraduate commitments with postgraduate vocational training programmes. Juggling the two can be difficult. Many find balancing different student expectations and learning styles with the spectrum of teaching ideologies and practicalities a challenge. As Hays himself points out “good clinicians are not necessarily good teachers” and he shares with us, most expertly, “his own self-directed professional development journey”
through which he developed a deep understanding of both undergraduate and postgraduate medical education.

**Why is the book so good? It is a practical book. It includes all the areas a teacher in general practice would want to explore. The implications of teaching for a practice are defined effectively with an appropriate emphasis on the need for protected time. It starts with a well-constructed outline of basic medical education theory for both the curriculum and assessment. The reader is then led through a series of pragmatic and sound teaching approaches where good practical advice abounds. The organization of teaching within the practice, implications of students sitting in, one to one tutorials, small group and feedback methods using projects, audits and video-recording are all covered comprehensively. The final chapter is about evaluation, and the journey is complete.**

The text is clear, concise and well laid out. The book has plenty of clear illustrations and examples, which makes reading it a pleasure. I particularly liked the diagrams—a jigsaw puzzle demonstrates the move from hypothetico-deductive reasoning to pattern recognition expertise. I found less useful the examples of conversations between teachers and students. References are up to date and comprehensive. Of particular help is the guide to the galaxy of educational jargon and the reading list for each chapter, with a thumbnail comment on each recommendation.

**Dr Hays clearly has a deep, well-researched understanding of his subject. The book is a joy to delve into and inspires one to read more. He is to be congratulated on his understanding of the subject and the clarity with which he has shared it.**


**Genetics is the new science, and here is a book that is all about it written by a GP and a consultant in clinical genetics. It consists of three sections (basic, clinical and primary care perspectives on genetics) each containing half a dozen chapters. In addition, there are four appendices. The potential that genetics has for identifying, anticipating, clarifying, even modifying gene-based disorders lends excitement to the whole arena. For GPs, the well-read patient may know more about it than we do. So buy this book.**

While there is plenty of technical information (Chapter 8, for example, contains information on 12 different disorders), it gives the impression of being ‘lighter’, perhaps something to do with the diagrams, case histories, information sheets and exercises. At the beginning there is a sensible chapter on genetic counselling containing information on different health models. The last section contains chapters on organization of health care in general practice, the primary-secondary care divide, and screening for genetic disorders—all very necessary and professionally written.

I am rather impressed with the book as a whole. It should do well in rapidly expanding primary care and be useful for all the various health care workers who are expected to work in the community. If I was to criticize it, albeit churlishly, it would be that discussion of the patients’ perspective is a mere seven pages long. It is clearly up-to-date, with web site addresses listed towards the back (did you know the R.C.G.P has a genetic web site forum?). If you don’t read it cover to cover, you will want it to hand for those consultations which start “Good morning doctor, I’m here to talk about my brother in Australia who has syndrome xyz, and his doctor has said that I need to be checked out…”

I have to admit that genetics intimidates me—yet this book de-mystifies it and makes sense of it all. It is well written, clearly organized, cross-referenced and gives the illusion that it is not too academic. Overall an excellent text.

**VALERIE WASS**
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This is a soft-bound book with glazed paper covers and is aimed primarily at GPs who wish to have a deeper knowledge of occupational health and of the large raft of new legislation that has accompanied, supported and complicated it during the last 25 years. The text is structured so that there are also parts that are of relevance and of interest to practice nurses and practice managers.

The content and layout are closely linked to the Staffordshire University Distance Learning Course, for which access details are given in the book. Each chapter has at its end a set of ‘Reflection exercises’ which the reader is invited to work through. The book has useful chapters on the relationship of work to health and of health to work, fitness for work, ethics and confidentiality in occupational health practice. There is also an important one I had not seen previously, a chapter on occupational health and safety concerns for GPs and their staff. This touches on general health and safety management, the Health and Safety at Work Act 1974, the Control of Substances Hazardous to Health (COSHH) regulations...

This book describes the variety of statistics routinely available about health and health care, and discusses how to access and use them. To turn what is essentially a listing of statistical sources into a readable and enjoyable book is quite a challenge—but the editor and contributing authors have shown that it can be done. A nyone with an interest in the nation's health will find this a fascinating and invaluable guide.

Most of the chapters relate to a particular source from which data can be obtained, for instance the Office of National Statistics, the Cancer Registries or the UK Data Archive. O ther chapters focus on a specific health topic, such as primary care, or birth and maternity. The contributing authors are all specialists with close personal knowledge of the statistics being described, and—with a few exceptions—they demonstrate how even an apparently dry and technical subject like compiling health statistics can come alive in the hands of real enthusiasts. I nevitably, there is some overlap in material between different chapters, but there is ample cross-referencing, and the excellent index allows one to keep track of all mentions of a particular item. M ost usefully, there are contact details, including web site addresses, for all the sources of publicly available data listed. I n many cases, some typical uses of the data are presented.

The most absorbing chapters take the reader right to the heart of the primary data collection, with its inevitable messy aspects. A nyone with experience of routine data collection will know the difficulties of maintaining standards and, in general, the shortcomings and inadequacies of the data are made explicit. It is clear that some official statistics are seriously out of date by the time of publication, are incomplete in detail and geographical coverage, or may be difficult to interpret.

In recent years, the government's energetic setting of health targets has increased the call for routine official statistics. W hile it is impressive that such a wide range of health information is being collected every day, history suggests that much of it will remain unused, to obsolesce into outdated and inaccessible data files. B y raising awareness of the information that exists, and encouraging its access, this book may help to ensure that it is used more effectively. O therwise there is a danger that the data will simply serve to demonstrate, with increasing clarity, that social and regional inequalities in health continue to get worse.

GWILYM HUGHES
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The authors of this book about glaucoma are experienced and respected in the field and provide an excellent insight into modern management problems that arise. P rimary open angle glaucoma is covered in great detail. S ubsequent chapters deal with the epidemiology, population screening issues and genetic screening for the disease. W hole chapters are devoted to the optic disc features of glaucoma, perimetry and understanding intraocular pressure. T he text is easy to read and peppered with useful graphs and illustrations. A number of chapters have particularly well presented tables that help present a large amount of information succinctly.

T here is a thorough review of the treatment options for glaucoma including a very useful, well-balanced chapter which considers the principles of treating glaucoma patients. R esults of important clinical trials are included to update the reader with the latest research in the field.

A lthough the book devotes its greater part to primary open angle glaucoma, angle closure glaucoma is also covered in some detail, including its classification, clinical features, epidemiology and management. T he childhood glaucomas and secondary glaucomas are also

One of the medical manifestations of the impoverishment of the English language is the loss of the distinction between infectious and infective diseases. Despite its title, this book covers both, with topics ranging from tuberculosis to diverticulitis. An introductory section deals, rather superficially to a geriatrician's eye, with the epidemiology and age-associated factors predisposing to infection. The main middle section consists of chapters on specific infections, defined either anatomically (osteomyelitis, intra-abdominal) or aetiologically (tuberculosis, fungal infections). Each chapter is written to a very sensible structure—epidemiology, clinical manifestations, diagnosis, treatment, prevention—so that despite the multi-authorship of the book, the reader soon gets into the swing of things. The final section deals with some special aspects including infections in diabetes, vaccination, nutrition and infection control in long-term care facilities. The editors have organized the book (and its authors) well, and the production and illustrations are excellent.

The spectrum of problems raised by infective and infectious diseases in older people varies enormously from country to country. The authorship of this book is exclusively North American and, as has become the fashion in such cases, the literature cited is almost exclusively American. This limits the utility of the book outside America but is for a considered rather than a routine shopping list.

CLAIRE RIDDELL
Specialist Registrar in Ophthalmology on the Oxford Rotation, currently working at the Oxford Eye Hospital


I have never felt entirely comfortable with my management of eating disorders. In the early years in general practice, I didn’t think of it often enough when I saw a young person (usually a girl) who was looking thin and presented with vague symptoms. Even later on it was most often brought to my attention by worried parents. Perhaps because of my sex and increasing age, most consultations with adolescent girls were kept to a somewhat superficial level. I often found myself uncertain whether I was dealing with pathology, or the extreme end of the normal range of teenage food fads, dieting and preoccupation with exercise.

This comprehensive and clearly written book tells you almost everything you would want to know about the epidemiology, origin, assessment and outcome of this group of eating disorders. Chapters end with useful lists of summary points for those readers who like to pick and choose the parts of the text they are going to read. The authors refer to the published research in the area, promoting when possible an evidence-based approach.

Unfortunately, partly because of the unsatisfactory design of several of the studies, there are many unanswered questions—for example, reported mortality rates for anorexia nervosa range from 0 to 22%. Not surprisingly, patients are most likely to get better when their illness is less severe, when they are ‘fed up’ with the illness, have a warm relationship with their therapist and leave a previously damaging environment.

Except for one former patient and one parent, the contributors are hospital-based clinicians and researchers. However, the book does end with an acknowledgement that more education of primary health carers is needed. Though a discussion of early diagnosis does not feature prominently, the section on early warning signals for school teachers (an adolescent wearing several layers of baggy clothing whatever the weather, refusing to undress in front of others, being excessively self-critical and unable to accept praise, etc.) is helpful.

Though this book is too specialized for most family doctors, there is a lot of useful information, including a detailed description of the physical effects of eating disorders, ways of talking to families about anorexia, and methods of approaching these young people about the
The different types of treatment are covered in considerable detail, including a description of the likely process of recovery. A slow improvement of the eating problem precedes a to-be-welcomed (by the therapist at least) phase of ‘complete obnoxiousness’, when the young person is able to express previously repressed negative feelings—hopefully to be followed by recovery and more age-appropriate behaviour.

Let us end on a positive note. The prognosis for all age groups is generally favourable, and bulimia nervosa often responds particularly well to cognitive–behavioural therapy.

MICHAEL MODELL
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Peter Maguire is a psychiatrist who pioneered the teaching of communication skills to medical students in Oxford. He now heads the Cancer Research Campaign Psychological Medicine Group in Manchester and teaches doctors and nurses involved in oncology and palliative care.

This book describes some of the skills that are required in psychiatry and in helping patients with serious or terminal illnesses. Chapters range from breaking bad news to interviewing potentially suicidal patients and withdrawn patients, and handling difficult situations such as anxiety, depression and hopelessness. Each chapter states the problem succinctly and describes guidelines for how it should, or sometimes must, be explored.

Communication with patients is a core skill for all doctors and is a means to the ends that can include diagnosis, management and care. These vary greatly in different situations and specialities. ‘Communication skills’ has become a collective term that requires qualification to be meaningful. One of the challenges for teachers is to be able to define the skills required at different stages in a doctor’s career, and learners will be more motivated if they can see the relevance and need for the skills they are being taught. This book is aimed at senior medical students and young doctors in training, some of whom may be becoming aware of the difficulty in dealing with the types of patient and situations with which this book deals.

Writing a book is very different from conducting an interactive workshop or teaching session, and reading a book may not be the best way to develop skills. If our aim is to promote patient-centred consulting skills, the teaching method most likely to succeed is likely to be learner centred. This book concludes with a chapter on ‘How to communicate effectively and survive emotionally’, but even here the reader is told that “doctors ought to know their core beliefs . . . and should ask yourself the following questions . . .”. I suspect this book will be of most value to those who will use its content to plan more interactive teaching and learning.

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